

Par. 1. **Material Transmitted and Purpose** -- Transmitted with this Manual Letter are revisions to Service Chapter 525-05, Home and Community Based Services Policies and Procedures. Additions to the manual letter are noted by underlines and deletions are strikethroughs.

## **Adult Family Foster Care 525-05-30-15**

### Purpose

The purpose of Adult Family Foster Care is to offer a choice within a continuum of care to adults who could benefit from living in a family environment, as well as to promote independent functioning to the limit of a person's ability and provide for a safe and secure environment.

### Service Eligibility, Criteria for

The individual receiving Adult Family Foster Care will meet the following criteria:

1. Must be eligible for the programs of Medicaid Waiver for Home and Community Based Services, SPED, or ExSPED;
2. Be at least eighteen years of age or older;
3. Not be eligible for or receiving foster care for children;
4. Have needs or a disability that makes a family home environment an appropriate care setting;
5. A licensed Adult Family Foster Care home is available;
6. Not be related by blood or marriage to the licensed provider;
7. The care required by the recipient of Adult Family Foster Care does not exceed the documented skill in personal care of the available licensed provider; and

8. The care is provided by a licensed Adult Family Foster Care home provider.

### Service Payment Procedures

1. If public funds are used for payment, the following criteria applies:
  - a. A rate of no more than the current maximum room and board rate \$525 per month shall be paid to the licensed provider by the recipient for board and room costs.
    - The first source for the board and room cost is from the recipient's income.
    - Another potential source of funds could be county general assistance funds.
    - SPED funds, Ex-SPED funds, and Medicaid Waiver funds cannot be used for room and board. Room and Board is the responsibility of the recipient and is not included in the provider's daily rate.
  - b. The service payment for Adult Foster Care is determined using the Monthly Rate Worksheet, [SFN 1012](#), and is in addition to the amount for board and room.
  - c. The maximum service payment that may be allowed to a recipient of adult family foster care is listed in the funding source manuals, Section [05-35](#).
  - d. Under the SPED program, other funding (i.e. private pay, county funds) may augment the Adult Family Foster Care Service payment.
2. If the funding source is self pay, the following applies:
  1. The service payment is the amount negotiated between the recipient or their representative, and the licensed Adult Family Foster Care provider.

## 2. Case Management is not a required service.

### Service Tasks

The service tasks/activities within the scope of this service chapter are identified on the Authorization to Provide Service [SFN 1699](#), and the Monthly Rate Worksheet, [SFN 1012](#). Only tasks indicated as needed on the SFN 1012 can be authorized on the SFN 1699.

To avoid duplication homemaker, chore, emergency response system, residential care, transitional care, attendant care, environmental modification, and non-medical transportation are not allowable service combinations for individuals receiving AFFC. Non- medical transportation is a component of AFFC and is included in the rate.

### Arranging for Adult Family Foster Care Service

When arranging for placement, the HCBS Case Manager must consider the following:

1. Care needs of the individual must not be in excess of the capacity of the provider;
2. The physical structure of the home must allow for the needs of the individual (i.e. individuals who are not independently mobile); and
3. Any physical or mental condition that may deem Adult Family Foster Care inappropriate.

### Service Combinations

Adult Family Foster Care is an inclusive 24-hour service. Therefore, Respite Care and Extended Personal Care are the only allowable service(s) that can be authorized with the Adult Family Foster Care Service.

When the client in an Adult Family Foster Care home receives overnight care in another adult foster care home, the care rate is the same as the adult foster care rate and the procedure code used by the substitute Adult Family Foster Care provider will be the Adult Family Foster Care procedure code.

#### Client Out of Home with Foster Care Provider

A provider may claim payment for care of the client when the client vacations with the foster care provider if the client has continuously lived with the foster family for a substantial period of time and the client made an independent choice to vacation with the family. The provider must report the following to the county social service agency prior to departure:

1. The dates the client will be vacationing with the foster family;
2. The telephone number(s) where they can be reached;
3. The names and addresses of individuals they will be visiting, if applicable; and
4. A travel itinerary, if applicable.

The client must remain in the care of the foster care provider. Care of the client cannot be transferred to other family, friends, or anyone else during that time.

#### Employment Outside of the Home

Adult family foster care is an inclusive 24-hour service. Therefore, employment outside of the home is generally not allowable. An adult family foster care provider may be employed outside the home if the license to provide adult family foster care was issued to more than one individual and at least one of the licensed individuals remains in the home to provide the care.

If an AFFC client is enrolled in a day-program (documented in the client's plan of care) and is out of the home, outside employment by the AFFC provider may be considered during the hours the client is away. However, client care cannot be compromised.

Employing individuals other than those who meet the definition of a respite provider or substitute caregiver is not permitted. Employing respite care providers or substitute caregivers to assist in the daily operation of the adult family foster care home is also prohibited. Respite care and substitute caregivers may provide care only in the absence of the provider.

The HCBS Case Manager must be informed of outside employment to evaluate whether client care would be negatively impacted.

## **Adult Residential Care 525-05-30-16**

### Purpose

To provide an array of services to an individual in a 24-hr setting. Adult residential programs specialize in care of individuals with chronic moderate to severe memory loss or an individual who has a significant emotional, behavioral, or cognitive impairments. It is also a service in which assistance with ADL's/IADL's, therapeutic, social, and recreational programming is provided. Care must be furnished in a way that fosters the maintenance or improvement in independence of the recipient.

### Service Eligibility, Criteria for

The individual receiving Residential Care service will meet the following criteria:

1. Must be eligible for the Medicaid Waiver for Home and Community Based Services.

2. Be at least age 18.
3. Must not be severely impaired in eating, transferring, or toileting.
4. Does not have medical or behavioral needs that require professional evaluation and management on an ongoing basis.
5. Need the services of, independent living skills training, support and training provided to promote and develop relationships, participate in the social life of the community, and develop workplace task skills including behavioral skill building.
  - Community Integration is provided to enable the individual to promote independence and alleviate social anxiety. Some activities to be considered are community social events (such as fairs, sports leagues, church functions), volunteer or paid employment, educational/vocational activities.
  - Social Appropriateness assists the individual with the development of social skills needed to interact with individuals in the facility or in the community. Such activities include (but are not limited to): respecting others' space and privacy, non-offensive communication, obeying laws and rules, timeliness, safety/risk procedures;

Or

Require protective oversight and supervision in a structured environment that is professionally staffed to monitor, evaluate and accommodate an individual's changing needs.

6. Pre approval from the Department of Human Services is required before this service can be authorized.

A rate of no more than the current maximum room and board rate per month shall be paid to the licensed provider by the recipient for board and room costs. Room and Board is the responsibility of the recipient and not included in the provider's daily rate.

### Service Tasks

1. This service includes 24-hour, on-site response staff;
2. Transportation may be provided as a component of this service and included in the daily rate paid to providers. Contact a HCBS Program Administrator to determine if transportation has been included in a rate for a specific residential care provider.
3. Assistance with ADLs and IADLs within the guidelines of the Basic Care licensure standards;
4. Allowable service tasks as identified on the [SFN 1699](#) Authorization to Provide Service

### Limits

Limited to the tasks as in agreement between the Department of Human Services and the Residential Care facility provider and as authorized by the County Social Service Board Case Manager.

To avoid duplication homemaker, chore, emergency response system, adult day care, adult family foster care, respite, transitional care, attendant care, environmental modification, and non-medical transportation are not allowable service combinations for individuals receiving adult residential services. Non-medical transportation is not allowed because it included in the rate for adult residential services.

Residential Services is an all inclusive services with the exception of Supported Employment Services for a individual who was determined eligible for Adult Residential Care as a result of a need for the services of, independent living skills training, support and training provided to promote and develop relationships, participate in the social life of the community, and develop workplace task skills including behavioral skill building.

### Individual Program Plans

An individual who was determined eligible for Adult residential Care as a result of a need for the services, of, independent living skills training, support and training provided to promote and develop relationships, participate in the social life of the community, and develop workplace task skills including behavioral skill building must have an Individual Program Plan completed by the interdisciplinary team (to at least include the service provider, the individual and/or their legal representative) and the case manager.

This plan must be completed within 30 days of the arrival of the individual to the residential care facility. The Plan must include how the facility will meet the needs of the client, AND the plan be designed for the promotion of the client's independence in ADLs and IADLs, social, behavioral, and adaptive skills.

The Plan must also identify the goal or goals of the individual and how the goals will be accomplished. This Plan will be subject to review by the HCBS Case Manager during the initial Plan implementation period and every six months thereafter. At the team meeting, the team will review the goals and progress, and strategies for accomplishing the plan goal or goals.

## **Family Home Care 525-05-30-30**

### Purpose

The purpose of family home care is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments which contribute to his/her inability to accomplish activities of daily living.

Service Eligibility, Criteria for

The individual receiving Family Home Care will meet the following criteria:

1. Must be eligible for the SPED or ExSPED program.
2. The client and the qualified family member shall reside in the same residence.
3. The client and the qualified family member shall mutually agree to the arrangement.
4. The [qualified family member](#) must be one of the relatives as defined in this chapter and must be the provider performing the care to the client.
5. The need for services must fall within the scope of tasks identified on the [SFN 1012](#), Monthly Rate Worksheet - Live-In Care, and [SFN 1699](#), Authorization to Provider Services.

A flat rate of no more than ~~\$525~~ [the current maximum room and board rate](#) per month has been established for room and board. The client is responsible for paying the Qualified Service Provider (QSP) directly for room and board IF the client lives in the provider's home.

Service Tasks/Activities - Family Home Care

The service tasks/activities within the scope of this service chapter are identified on the Authorization to Provide Service, SFN 1699, and only those listed on the SFN 1012, Monthly Rate Worksheet, can be approved and authorized.

Family Home Care Limitation, Under 18 Years of Age

In addition to the eligibility criteria set forth above, the following conditions must be met by the under 18 year old potential recipient of family home care AND caregiver/qualified service provider. If the conditions cannot be met, the individual under 18 years of age is NOT eligible for Family Home Care:

1. The provider must be either the parent or spouse of the client who is under the age of 18.
2. The caregiver/qualified service provider provides continuous care to the child. That is, the individual's/child's disability prohibits his/her participation in programs and/or activities outside the home; the child is unable to regularly attend school OR is severely limited in the amount of time at school. (The relationship to school attendance applies even when school is not in session; would the child be able to attend school and to what extent if it were in session.) The child is most likely homebound or bedridden. There must be documentation that application was made for Developmental Disabilities Case Management, and a copy of the denial letter be placed in the client's file. A letter saying the applicant/child is not receiving DD services is not sufficient.

Out of Home Care

Payment can be made for days the client is receiving the SAME care from the SAME caregiver-QSP although not in the home they otherwise mutually share. No payment is allowed for clients out-of-state with the exception of clients seeking medical care out of state.

For care out of state, prior approval must be granted from the HCBS Program Administrator.

Provider Need Not be Present in the Home on a 24-Hour Basis

This provision within the Family Home Care service is appropriate for clients who can be left alone for routine temporary periods of time (e.g. part-time employment of the qualified family member) without adverse impact to the client's welfare and safety. The client must agree to be left alone.

- This provision does NOT allow for the qualified family member to hire a provider to provide care for the client during routine absences from the home.

Service Combinations

Family home care is an inclusive 24-hour service. Therefore, only respite care service along with family home care is acceptable as described under the following circumstances:

1. There is full-time family home care service provided by a qualified family member. When the family member provides less than 24-hour per day care on a routine basis, respite care is only appropriate when the qualified family member's absence occurs outside the routine scheduled absences, for example, to attend a wedding.
2. Emergency response is acceptable if a safety risk (i.e. potential fall risk or sudden illness) has been identified during the FHC provider's short term absence. ERS is not acceptable for clients who require supervision for cognitive or health related reasons. Contact the HCBS Program Administrator in writing to obtain approval for the combination of FHC and ERS service.
3. Under unusual or unique circumstances other HCBS service combinations may be appropriate. In such cases, contact the HCBS Program Administrator in writing to obtain approval.

**Maximum Monthly Amount - Aggregate and Per Service 525-05-35**

The maximum amount allowable under the Medicaid Waiver for Home and Community Based Services per client and per month is an aggregate of the cost and is limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department of Human Services.

The maximum amount allowable under the SPED and ExSPED Programs per client and per month is an aggregate of \$2,048 for all services excluding Case Management.

Service Maximums Per Client Per Month for Dates of Service on or After July 1, 2012

Homemaker Service	\$310
Respite Care	\$926
Respite Care in Homes with Multiple Clients	<p>\$926 split by the total number public and private pay clients in the home.</p> <p>Plus \$181.49 per month for each additional (2nd 3rd or 4th) public pay client in the home, the total amount will need to be divided between the public pay clients.</p>

	<p>For Example: An AFFC provider has a total of 3 clients, 2 are public pay &amp; 1 is private pay. To calculate respite for the public pay clients you should divide the current respite cap (\$926) by the total number of public &amp; private pay clients living in the home (3) that equals \$308.67 for each client or \$617.34 combined. Now add \$181.49 for the 2nd public pay client that equals \$798.83. Now divide that amount between the 2 public pay clients <math>2/\\$798.83 = \\$399.42</math>.</p> <p>The final step is to allocate \$399.42 on each of the public pay client's care plan.</p>
Adult Family Foster Care	\$74.34 per day for Medicaid Waiver for Aged & Disabled
Family Home Care	\$33.19 per day
Family Personal Care	\$59.11 per day
Daily Rate for SPED AFFC and Personal Care	\$62.81 per day

Extraordinary Costs/Exceed Monthly Aggregate or Service Maximum

This policy provides for additional dollars that may be needed because of a client's special or unique circumstances that warrant a temporary exception of Department policy. IT IS TIME LIMITED.

The HCBS case manager must submit in WRITING a request to exceed the monthly service or funding source maximum prior to authorizing the service(s) in excess of the monthly maximum. The request is to be sent to the HCBS Program Administrator to include:

- Name and ID number of the client.
- Reason for the request: the client's circumstances that necessitate the short duration extraordinary costs AND what options were explored as alternatives to meeting client's need.
- The additional dollar amount request, for what service(s) and for what period of time.

The program administrator will notify the case manager in writing of the Department's decision. It will include the conditions under which the approval is granted AND the procedure for the Qualified Service Provider to bill for the additional funds.

Maximum Room and Board Rate

The current maximum monthly room and board rate that providers may charge Adult Family Foster Care, Adult Residential and Family Home Care recipients is \$648.00. The maximum room and board rate is equal to the current Medicaid medically needy income level for a one person household less a \$125 personal needs allowance. The rate is reviewed annually.

Providers are not required to charge a room and board rate and may choose to charge less than the maximum rate.

**Effective Date:** September 1, 2012